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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/114810
		Filing Date	July 13, 1998
		First Named Inventor	Anthony Atala
		Group Art Unit	3763
		Examiner Name	Rodriguez, Cris Loiren
Total Number of Pages in This Submission	5	Attorney Docket Number	CMZ-117CPA

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input checked="" type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) and this Return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	LAHIVE & COCKFIELD, LLP Amy E. Mandragouras - 36,207 for Elizabeth A. Hanley - 33,505
Signature	
Date	August 6, 2002

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Dated: August 6, 2002	Signature: (Amy E. Mandragouras)



FEE TRANSMITTAL for FY 2002 <small>Patent fees are subject to annual revision.</small>		Compl te if Known																																											
		Application Number	09/114810																																										
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	July 13, 1998																																										
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
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1. BASIC FILING FEE																																													
<table border="1" style="width:100%"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>740</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>510</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>740</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	201	740	370	Utility filing fee		106	206	330	165	Design filing fee		107	207	510	255	Plant filing fee		108	208	740	370	Reissue filing fee		114	214	160	80	Provisional filing fee		SUBTOTAL (1)					0.00		
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**or number previously paid, if greater; For Reissues, see above																																													
SUBMITTED BY		Complete (if applicable)																																											
Name (Print/Type) Amy E. Mandragouras for		Registration No. (Attorney/Agent) 36,207																																											
Signature Elizabeth A. Hanley, Reg. No. 33,505		Telephone (617) 227-7400																																											
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